

INDIANA STATE BOARD OF HEALTH
SAMPLE INFORMATION

18787

INDUSTRIAL HYGIENE REPORT NO.

1. FIELD NUMBER: A-1 2. DATE TAKEN: 3/7/2001 3. DATE TO LAB: _____
4. COLLECTED BY: BOB SMITH 5. DATE RETURNED: _____

6. WHERE TAKEN:

(a) Address

114 FROSTWOOD LANE
GREENWOOD, IN.

(b) Location in Workplace

BEDROOM (UPSTAIRS
SOUTH SIDE)

7. OPERATION: _____

8. COLLECTION METHOD:

(a) Charcoal Tube ☐ Impinger ☒ Filter⁴ ☐ Other ☐

Remarks: _____

(b) Breathing Zone¹ ☐ Area ☒ Bulk² ☐ Other ☐

Remarks: BLANK #01

9. AIR VOLUME COLLECTED:

(a) Pump 23985

(b) Period 10:30 AM START 12:30 pm FINISH

(c) Rate 1.01 LPM

(d) Volume _____

121.2

10. ANALYTE: HCHO

(Possible Interference: _____)

1. LAB NUMBER: _____ 2. ANALYST: _____ 3. DATE REPORTED: _____

4. RESULTS:

MAR 13 2001

.025 ppm

REMARKS³:

GENERAL FORM FOR AIR SAMPLES
INCLUDING DUST, SILICA, VOC etc.

NOTES: ¹ Include in remarks, subject's name. ² Include manufacturer's data, name, number, etc. If appropriate, cite item designator, e.g., "8b." ⁴ Indicate type - vinyl or other.

TECHNICAL INFORMATION SHEET

Potential Air Contaminant(s): FURNITURE,
CARPETING, PAINT FROM
Equipment RECENTLY BUILT HOUSE 2001

a) Pump Serial Number(s): 23985

b) Charger Serial Number(s): INBC-06

Sampling Media: _____

Flow Rate: 1.0 LPM

Approximate Time Required: 2 HOURS

Approximate Volume To Be Sampled: _____

Remarks: _____

Please contact Industrial Hygiene Consultants at AC 317/633-0147
for any question(s). Return this sheet with the pump.

**INDIANA STATE DEPARTMENT OF
HEALTH**
INDOOR AIR LABORATORY
635 North Barnhill Dr, Indianapolis, IN 46202
Lead Sample Submission Form

**PAINT CHIP
SAMPLES**

NAME: _____

DATE SAMPLED: ____/____/____

ADDRESS: _____

COLLECTED BY: _____ LIC. # _____

PHONE #: _____

COUNTY: _____

(Results will be sent to this address)

SAMPLE NUMBER	SAMPLE MATERIAL	SAMPLE DESCRIPTION AREA OR LOCATION	PAINT CHIP % LEAD (BY WEIGHT)	LAB NUMBER

The Consumer Product Safety Commission has banned residential paint and other similar surface coating materials containing more than 0.06% lead.

PAINT CHIP TEST RESULT LIMITS: 0.5 % (with paint chip sample of all layers) = 5000 ug/g = 5000 ppm [HUD Guidelines, EPA Guidance 403] Laboratory Reporting Limit: 0.01%
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In case of questions, please contact: Indiana Childhood Lead Poisoning Prevention Program: 317-233-1250 or 1-800-761-1271
Indiana State Department of Health Indoor Air Laboratory: 1-800-382-9480 ext. 8021

(Also mail copy of results to)

ADDRESS OF COUNTY HEALTH

COMMENTS:

DEPT. SUBMITTING SAMPLES:

NAME: _____

ADDRESS: _____

FAX #: _____

**INDIANA STATE DEPARTMENT OF
HEALTH**
INDOOR AIR LABORATORY
635 North Barnhill Dr, Indianapolis, IN 46202
Lead Sample Submission Form

**DUST WIPE
SAMPLES**

NAME: _____

DATE SAMPLED: ____/____/____

ADDRESS: _____

COLLECTED BY: _____ LIC. # _____

PHONE #: _____

COUNTY: _____

(Results will be sent to this address)

SAMPLE NUMBER	SAMPLE MATERIAL	SAMPLE DESCRIPTION AREA OR LOCATION	SAMPLE AREA	LEAD MICROGRAM PER SQ. FT.	LAB NUMBER

BRAND OF ALCOHOL-FREE WIPES USED: _____

The Consumer Product Safety Commission has banned residential paint and other similar surface coating materials containing more than 0.06% lead.

DUST WIPE TEST RESULT LIMITS:<100 ug/ft² - floors, carpeted & uncarpeted

[HUD Guidelines for Risk Assessment]

<500 ug/ft² - interior window sills

[HUD Guidelines for Risk Assessment]

<800 ug/ft² - window troughs

[HUD Guidelines for Risk Assessment]

<800 ug/ft² - exterior concrete surfaces

[HUD Guidelines for Clearance Levels]

CONVERSION: mg/ft² X 1000 = ug/ft²

Laboratory Reporting Limit: 10 ug

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(Also mail copy of results to)

ADDRESS OF COUNTY HEALTH

COMMENTS:

DEPT. SUBMITTING SAMPLES:

NAME: _____

ADDRESS: _____

FAX #: _____

Air Sampling Report

U.S. Department of Labor
Occupational Safety and Health Administration

18769


MOD Date	1. Reporting ID 537800	2. Inspection Number 127406122	3. Sampling Number 913609319
4. Establishment Name WITT GALVANIZING PLYMOUTH			
5. Person Performing Sampling (Signature) <i>Lyle Rade</i>		6. CSHO ID 56813	7. Sampling Date
9. Employee (Name, Address, Telephone Number) Ron Sherman		13. Exposure Information	a. Number b. Duration
		c. Frequency	
10. Job Title		11. Occupation Code	14. Weather Conditions
12. PPE (Type and Effectiveness)		15. Photo(s) Y	
		16. Pump Checks and Adjustments	
17. Job Description, Operation, Work Location(s), Ventilation, and Controls			

Cont'd.

18. Pump Number:	3665	Sampling Data					
19. Sample Type/Media	SG						
20. Filter/Tube No.	RS-3						
21. Sample Submission No.							
22. Time On/Off	10:05 10:25						
23. Total Time (in minutes)	20						
24. Flow Rate <input checked="" type="checkbox"/> l/min <input type="checkbox"/> cc/min	0.2						
25. Volume (in liters)	4.0						
26. Net Sample Weight (in mg)							

Exposure Summary

27. Line No.	28. Substance Code	29. Rqstd.	30. Smpl. Type	31. Exp. Type	32. Exposure Level	33. Units	34. PEL	35. Adj.	36. Severity	37. Citation Information							
										No Cit.	FTA	Over Exp.	Eng.	PPE	Trng.	Med.	Other
1.																	
2.																	
3.																	
4.																	
38. Additives (Enter Line Numbers for those agents contributing to additive effect.)																	
39. Total Number of Lines (27)		40. Date Results Received from Laboratory								Case File Page of							

P r e	41. Pump Mfg. & SN 3665	44. Flow Rate Calculations 216.9 ccm 213.7 214.4 ccm		
	42. Voltage Checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	43. Location/T & Alt. WITT GALVANIZING	45. Flow Rate 0.2 Lm	46. Method <input type="checkbox"/> Bubble <input checked="" type="checkbox"/> PR	47. Initials WAS

Post-Sampling Calibration Records

P o s t	49. Location/T & Alt. WITT GALVANIZING	50. Flow Rate Calculations 214.4 ccm		
	51. Flow Rate 0.2 Lm	52. Initials WAS	53. Date/Time 2/13/01 10:40AM	

Sample Weight Calculations

54. Filter No.					
55. Final Weight (mg)					
56. Initial Weight (mg)					
57. Weight Gained (mg)					
58. Blank Adjustment					
59. Net Sample Weight (mg)					

Laboratory Results

60. Lab Sample No. → RS-3				
61. Substance a. Hydrogen chloride b. c. d.	Results <0.6 ppm			

62. Interferences and IH Comments to Lab

63. Chain of Custody

64. Supporting Samples

65. Analyst's Comments	a. Seals Intact	<input checked="" type="checkbox"/> N		a. Blanks:
	b. Received in Lab	2/19/01	RM	
	c. Received by Analyst	4/4/01	WAS	b. Bulks:
	d. Analysis Complete	4/5/01	WAS	
	e. Calculation Checked	4/5	WAS	c. Other:
	f. Supervisor Ok.			

66. Calculations and Field Notes

REPORTED BY
INDOOR HEALTH LABORATORY
APR - 3 2001

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